THE MATRIX REVEALED Volume 1

JON RAPPOPORT Interviews with Select Others

MEDICALLY CAUSED DEATH IN AMERICA: AN EXCLUSIVE INTERVIEW WITH DR. BARBARA STARFIELD

As the national healthcare bill winds its way through the legislative process (now passed), one explosive factor is being ignored: the American health system, like clockwork, causes a mind-boggling number of deaths every year.

The figures have been known for ten years. The story was covered briefly when a landmark study surfaced, and then it sank like a stone.

The truth was inconvenient for many interests. That has not changed. "Medical coverage for all" is a banner that conceals ugly facts.

On July 26, 2000, the US medical community received a titanic shock to the system, when one of its most respected public-health experts, Dr. Barbara Starfield, revealed her findings on healthcare in America. Starfield was, and still is, associated with the Johns Hopkins School of Public Health.

The Starfield study, "*Is US health really the best in the world?*", published in the Journal of the American Medical Association, came to the following conclusions:

Every year in the US there are:

12,000 deaths from unnecessary surgeries;

7,000 deaths from medication errors in hospitals;

20,000 deaths from other errors in hospitals;

80,000 deaths from infections acquired in hospitals;

106,000 deaths from FDA-approved correctly prescribed medicines.

The total of medically-caused deaths in the US every year is 225,000.

This makes the medical system the third leading cause of death in the US, behind heart disease and cancer.

The Starfield study is the most disturbing revelation about modern healthcare in America ever published. The credentials of its author and the journal in which it appeared are, within the highest medical circles, impeccable.

On the heels of Starfield's astonishing findings, media reporting was extensive, but it soon dwindled. No major newspaper or television network mounted an ongoing "Medicalgate" investigation. Neither the US Department of Justice nor federal health agencies undertook prolonged remedial action.

All in all, it seemed that those parties who could have taken effective steps to correct this situation preferred to ignore it.

On December 6-7, 2009, I interviewed Dr. Starfield by email:

Q. (Jon Rappoport) What has been the level and tenor of the response to your findings, since 2000?

A. (Dr. Starfield) My papers on the benefits of primary care have been widely used, including in Congressional testimony and reports. However, the findings on the relatively poor health in the US have received almost no attention. The American public appears to have been hoodwinked into believing that more interventions lead to better health, and most people that I meet are completely unaware that the US does not have the 'best health in the world'.

Q. In the medical research community, have your medically-caused mortality statistics been debated, or have these figures been accepted, albeit with some degree of shame?

A. The findings have been accepted by those who study them. There has been only one detractor, a former medical school dean, who has received a lot of attention for claiming that the US health system is the best there is and we need more of it. He has a vested interest in medical schools and teaching hospitals (they are his constituency). They, of course, would like an even greater share of the pie than they now have, for training more specialists. (Of course, the problem is that we train specialists-at great public cost-who then do not practice up to their training-they spend half of their time doing work that should be done in primary care and don't do it as well.)

Q. Have health agencies of the federal government consulted with you on ways to mitigate the effects of the US medical system?

A. NO.

Q. Since the FDA approves every medical drug given to the American people, and certifies it as safe and effective, how can that agency remain calm about the fact that these medicines are causing 106,000 deaths per year?

A. Even though there will always be adverse events that cannot be anticipated, the fact is that more and more unsafe drugs are being approved for use. Many people attribute that to the fact that the pharmaceutical industry is (for the past ten years or so) required to pay the FDA for reviews—which puts the FDA into an untenable position of working for the industry it is regulating. There is a large literature on this.

Q. Aren't your 2000 findings a severe indictment of the FDA and its standard practices?

A. They are an indictment of the US health care industry: insurance companies, specialty and disease-oriented medical academia, the pharmaceutical and device manufacturing industries, all of which contribute heavily to re-election campaigns of members of Congress. The problem is that we do not

have a government that is free of influence of vested interests. Alas, [it] is a general problem of our society-which clearly unbalances democracy.

Q. Can you offer an opinion about how the FDA can be so mortally wrong about so many drugs?

A. Yes, it cannot divest itself from vested interests. (Again, [there is] a large literature about this, mostly unrecognized by the people because the industry-supported media give it no attention.

Q. Would it be correct to say that, when your JAMA study was published in 2000, it caused a momentary stir and was thereafter ignored by the medical community and by pharmaceutical companies?

A. Are you sure it was a momentary stir? I still get at least one email a day asking for a reprint—ten years later! The problem is that its message is obscured by those that do not want any change in the US health care system.

Q. Do medical schools in the US, and intern/residency programs in hospitals, offer significant "primary care" physician training and education?

A. NO. Some of the most prestigious medical teaching institutions do not even have family physician training programs [or] family medicine departments. The federal support for teaching institutions greatly favors specialist residencies, because it is calculated on the basis of hospital beds.. [Dr. Starfield has done extensive research showing that family doctors, who deliver primary care-as opposed to armies of specialists-produce better outcomes for patients.]

Q. Are you aware of any systematic efforts, since your 2000 JAMA study was published, to remedy the main categories of medically caused deaths in the US?

A. No systematic efforts; however, there have been a lot of studies. Most of them indicate higher rates [of death] than I calculated.

Q. What was your personal reaction when you reached the conclusion that the US medical system was the third leading cause of death in the US?

A. I had previously done studies on international comparisons and knew that there were serious deficits in the US health care system, most notably in lack of universal coverage and a very poor primary care infrastructure. So I wasn't surprised.

Q. Has anyone from the FDA, since 2000, contacted you about the statistical findings in your JAMA paper?

A. NO. Please remember that the problem is not only that some drugs are dangerous but that many drugs are overused or inappropriately used. The US public does not seem to recognize that inappropriate care is dangerous—more does not mean better. The problem is NOT mainly with the FDA but with population expectations.

… Some drugs are downright dangerous; they may be prescribed according to regulations but they are dangerous.

Q. Concerning the national health plan before Congress-if the bill is passed, and it is business as usual after that, and medical care continues to be delivered in the same fashion, isn't it logical to assume that the 225,000 deaths per year will rise?

A. Probably—but the balance is not clear. Certainly, those who are not insured now and will get help with financing will probably be marginally better off overall.

Q. Did your 2000 JAMA study sail through peer review, or was there some opposition to publishing it?

A. It was rejected by the first journal that I sent it to, on the grounds that 'it would not be interesting to readers'!

Q. Do the 106,000 deaths from medical drugs only involve drugs prescribed to patients in hospitals, or does this statistic also cover people prescribed drugs who are not in-patients in hospitals?

A. I tried to include everything in my estimates. Since the commentary was written, many more dangerous drugs have been added to the marketplace.

Q. 106,000 people die as a result of CORRECTLY prescribed medicines. I believe that was your point in your 2000 study. Overuse of a drug or inappropriate use of a drug would not fall under the category of "correctly prescribed." Therefore, people who die after "overuse" or "inappropriate use" would be IN ADDITION TO the 106,000 and would fall into another or other categories.

A. 'Appropriate' means that it is not counter to regulations. That does not mean that the drugs do not have adverse effects.

Jon's comments:

This interview with Dr. Starfield reveals that, even when an author has unassailable credentials within the medical-research establishment, the findings can result in no changes made to the system.

Yes, many persons and organizations within the medical system contribute to the annual death totals of patients, and media silence and public ignorance are certainly major factors, but the FDA is the assigned gatekeeper, when it comes to the safety of medical drugs. The buck stops there. If those drugs the FDA is certifying as safe are killing, like clockwork, 106,000 people a year, the Agency must be held accountable. The American people must understand that.

As for the other 119,000 people killed every year as a result of hospital treatment, this horror has to be laid at the doors of those institutions. Further, to the degree that hospitals are regulated and financed by state and federal governments, the relevant health agencies assume culpability.

It is astounding, as well, that the US Department of Justice has failed to weigh in on Starfield's findings. If 225,000 medically caused deaths per year is not a crime by the Dept. of Justice's standards, then what is?

To my knowledge, not one person in America has been fired from a job or even censured as result of these medically caused deaths.

Dr. Starfield's findings have been available for nine years. She has changed the perception of the medical landscape forever. In a half-sane nation, she would be accorded a degree of recognition that would, by comparison, make the considerable list of her awards pale. And significant and swift action would have been taken to punish the perpetrators of these crimes and reform the system from its foundations.

In these times, medical schools continue turning out a preponderance of specialists who then devote themselves to promoting the complexities of human illness and massive drug treatment. Whatever the shortcomings of family doctors, their tradition speaks to less treatment, more common sense, and a proper reliance on the immune systems of patients.

The pharmaceutical giants stand back and carve up the populace into "promising markets." They seek new disease labels and new profits from more and more toxic drugs. They do whatever they can-legally or illegally-to influence doctors in their prescribing habits. Some drug studies, which show negative results, are buried. FDA panels are filled with doctors who have drug-company ties. Legislators are incessantly lobbied and supported with pharma campaign monies.

Nutrition, the cornerstone of good health, is ignored or devalued by most physicians. Meanwhile, the FDA continues to attack nutritional supplements, even though the overall safety record of these nutrients is good, whereas, once again, the medical drugs the FDA certifies as safe are killing 106,000 Americans per year.

Physicians are trained to pay exclusive homage to peer-reviewed published drug studies. These doctors unfailingly ignore the fact that, if medical drugs are killing a million Americans per decade, the studies on which those drugs are based must be fraudulent or, at the very least, massively incompetent. In other words, the whole literature is suspect, unreliable, and impenetrable.

###END###

THE MATRIX: INTERVIEW WITH A HERETIC SCIENTIST

This interview took place in 2009. This physicist, Michael Koch (pseudonym), has taught at a major US university and has done research in government labs. He has a much wider knowledge of science than his own specialized field.

He and I discussed, prior to the interview, the vast amount of fraud present in science. As an illustration, I'm presenting, first, an article of mine, FAKING MEDICAL REALITY, as general background.

When Koch read the article, he said: "If we had real major media in this country, that story would covered on page one for quite a long time."

I said, "And there would be criminal prosecutions and jail time for the fraudsters."

FAKING MEDICAL REALITY

"It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of The New England Journal of Medicine." ~Marcia Angell, MD

"The secret of acting is sincerity. If you can fake that, you've got it made." ~George Burns

MAY 9, 2011. What do doctors rely on? What do medical schools rely on? What do medical journals rely on? What do mainstream medical reporters rely on? What do drug companies rely on? What does the FDA rely on?

They all rely on the sanctity of published clinical trials of drugs. These trials determine whether the drugs are safe and effective. The drugs are tested on human volunteers. The results are tabulated. The trial is described in a paper that is printed by a medical journal.

This is science. This is rationality. *This is the rock*. Without these studies, the whole field of medical research would fall apart in utter chaos.

Upon this rock, and hence through media, the public becomes aware of the latest breakthrough, the newest medicine. Through doctors in their offices, the public finds out what drugs they should take—and their doctors know because their doctors have read the published reports in the medical journals, the reports that describe the clinical trials. Or if the doctors haven't actually read the reports, they've been told about them.

It all goes back to this rock.

And when mainstream advocates attack so-called alternative or natural health, they tend to mention that their own profession is based on real science, on studies, on clinical trials.

One doctor told me, "The clinical trials are what keep us from going back to the Stone Age."

So now let me quote a recent article in the NY Review of Books (May 12, 2011) by Helen Epstein, "Flu Warning: Beware the Drug Companies."

"Six years ago, John Ioannidis, a professor of epidemiology at the University of Ioannina School of Medicine in Greece, found that nearly half of published articles in scientific journals contained findings that were false, in the sense that independent researchers couldn't replicate them. The problem is particularly widespread in medical research, where peer-reviewed articles in medical journals can be crucial in influencing multimillion- and sometimes multibillion-dollar spending decisions. It would be surprising if conflicts of interest did not sometimes compromise editorial neutrality, and in the case of medical research, the sources of bias are obvious. Most medical journals receive half or more of their income from pharmaceutical company advertising and reprint orders, and dozens of others [journals] are owned by companies like Wolters Kluwer, a medical publisher that also provides marketing services to the pharmaceutical industry."

Here's another quote from the same article:

"The FDA also relies increasingly upon fees and other payments from the pharmaceutical companies whose products the agency is supposed to regulate. This could contribute to the growing number of scandals in which the dangers of widely prescribed drugs have been discovered too late. Last year, GlaxoSmithKline's diabetes drug Avandia was linked to thousands of heart attacks, and earlier in the decade, the company's antidepressant Paxil was discovered to exacerbate the risk of suicide in young people. Merck's painkiller Vioxx was also linked to thousands of heart disease deaths. In each case, the scientific literature gave little hint of these dangers. The companies have agreed to pay settlements in class action lawsuits amounting to far less than the profits the drugs earned on the market. These precedents could be creating incentives for reduced vigilance concerning the side effects of prescription drugs in general."

Also from the NY Review of Books, here are two quotes from Marcia Angell, former editor-in-chief of The New England Journal of Medicine, perhaps the most prestigious medical journal in the world.

("Drug Companies and Doctors: A Story of Corruption").

"Consider the clinical trails by which drugs are tested in human subjects. Before a new drug can enter the market, its manufacturer must sponsor clinical trails to show the Food and Drug Administration that the drug is safe and effective, usually as compared with a placebo or dummy pill. The results of all the trials (there may be many) are submitted to the FDA, and if one or two trails are positive—that is, they show effectiveness without serious risk—the drug is usually approved, even if all the other trails are negative."

Here is another Angell statement:

"In view of this control and the conflicts of interest that permeate the enterprise, it is not surprising that industry-sponsored trails published in medical journals consistently favor sponsors' drugs—largely because negative results are not published, positive results are repeatedly published in slightly different forms, and a positive spin is put on even negative results. A review of seventy-four clinical trails of antidepressants, for example, found that thirty-seven of thirty-eight positive studies were published. But of the thirty-six negative studies, thirty-three were either not published or published in a form that

conveyed a positive outcome."

It turns out that the source of the informational pipeline that feeds the entire perception of pharmaceutical medicine is a rank fraud.

It would be on the order of an intelligence agency discovering that the majority of its operatives were actually working for the other side.

And then continuing on with business as usual.

Sometimes the body is dead even though it keeps on walking. It can smile and nod and perform basic functions—a zombie—but it is doing so only because certain implacable criminals back it up and give it a machine-like force.

"We have the clinical trials of studies on drugs and they are published in top-rank journals. We are the epitome of science."

Yes, false science. Riddled from top to bottom with lies.

Perhaps this will help the next time a friend, pretending he actually knows anything, tells you pharmaceutical medicine is a resounding success.

If you need more, cite Dr. Barbara Starfield's famous study, "Is US health really the best in the world?" Journal of the American Medical Association, July 26, 2000. Starfield concludes that 225,000 people are killed by the medical system in the US every year—106,000 by FDA-approved medicines. That latter figure would work out to over a MILLION deaths per decade.

A final note: The august editors of medical journals have a game they can play. Suppose a drug company has just finished writing up the results of a clinical drug trial and has submitted the piece to a journal for publication. The editor knows the company probably carried out a dozen other such trials on the same drug...and they didn't look good. The drug caused wild fluctuations in blood pressure and blood sugar. There were heart attacks. Strokes. But this ONE study, the one submitted for publication, looks very positive. The editor knows if he prints it and forgets about "ethics," the drug company will order re-prints of the piece from him and distribute them to doctors all over the world, and to who knows who else? Reporters, professors, government officials. The drug company will order and pay for so many re-prints, the medical journal can make $700,000 from publishing THAT ONE ARTICLE. Let's see. In one hand, the editor sees: I won't publish it=no money. In the other hand, he sees: I'll publish it=$700,000. What to do?

If I could write and post an article and make $700,000 on it, I'd do one of those suckers every day.

STUDY CONFIRMS: RESEARCH TEAM REMOVES HEAD FROM PATIENT AND ATTACHES IT TO WRIST; CREATES THINKING MAN'S TENNIS CHAMP.

STUDY CONFIRMS: NEW ANTIDEPRESSANT RAISES IQ BY 50 POINTS IN 5 MINUTES. ACCIDENTAL OVERDOSE RESULTS IN MIDDLE-EAST PEACE TREATY.

STUDY CONFIRMS: ANTI-ARTHRITIS MEDICATION SPRAYED IN ATMOSPHERE ENDS GLOBAL WARMING FEARS. POLAR BEARS REJOICE.

[continued on the next page]

Okay. Here is the interview with Dr. Michael Koch, the heretic physicist.

Q: Can you go public with anything about your background?

A: It's nuclear physics. That's all I'll say.

Q: Okay. So where do we begin?

A: With anomalies.

Q: Why there?

A: Because they open up holes in present accepted theory.

Q: Holes?

A: Places where the accepted theory breaks down.

Q: Why is that important?

A: If a theory can't explain something it's supposed to explain, you have to go back to the drawing board.

Q: And change the theory.

A: Or throw it out and come up with a new one.

Q: Give me an example.

A: Homeopathy. You're dealing with such tiny amounts of substance, diluted so many times, that conventional tests can't even find it. And yet, there are many cases of healing and cures.

Q: How do you explain that?

A: I can't. Not by our present understanding of physics. It doesn't fit those theories.

Q: Why not?

A: Because the medicine can't be working in the usual way. It isn't killing germs. It isn't multiplying the number of cells in the immune system—or if it is, we don't know how.

Q: There's hardly anything there in the medicine. It's mostly water.

A: That's right.

Q: So what new theory would you have to come up with to explain the homeopathic effect?

A: Perhaps energy.

Q: Meaning?

A: Somehow, the medicine contains an energy signature that causes a deep change in the body.

Q: As if information were being transmitted.

A: Yes.

Q: But then, according to the laws of physics...

A: It doesn't add up. We don't know about such energy interactions. Not of that kind.

Q: What do you infer from this?

A: There is a whole other way of formulating physics.

Q: Which is?

A: Informational.

Q: Explain.

A: A tiny piece of information can "remind" the body OR ANY PHYSICAL STRUCTURE that is has "other options."

Q: Paranormal options?

A: Yes.

Q: So you're postulating a whole other parallel mode of function.

A: I am.

Q: It's not about "billiard balls striking other billiard balls." It's not about that type of causation.

A: Correct. And it's not quantum theory, either.

Q: Well, homeopathy isn't the only alternative healing mode that has produced extraordinary outcomes.

A: I know that.

Q: But this isn't really why you're talking to me, is it?

A: No. I'm here because I know things that disturb me.

Q: I'm listening.

A: A few years ago I was...no, I can't say it that way. I have to protect myself. Let's see...I can't tell you how I know this, or I'll blow my cover, but I DO know it. This has to do with very high-level people.

Q: In science?

A: No. In the world.

Q: People who "run things?"

A: You could say that. Yes.

Q: What about them?

A: They have a view about science. That at this point, it's a machine that can run on its own.

Q: I don't understand.

A: These high-level people...elite people...they control the direction science takes, on so many levels. They do it mainly with money. What science is financed and what science isn't. Right?

Q: Okay...

A: And they believe things have reached a point in that process...where the course is set for the next few decades. In physics, in medicine, in biology. There's nothing they need to do. They can just let things run.

Q: Because?

A: It's all going the way they want it to. Toward more control over people. Toward no big breakthroughs. Toward sameness. It's like a machine they own, and it's doing its job. What jolted me is that certain people can have that much power over science.

Q: You're saying they don't want big breakthroughs.

A: Not breakthroughs that would rock the boat.

Q: For instance, cures for major diseases.

A: They don't want that.

Q: And these elite people...

A: They see the world as a limited territory which can be owned. That's the way they view it. They've put science on a certain track and they believe it'll stay there all by itself, for at least twenty or thirty years.

Q: They like that.

A: Yes.

Q: You know who these elite players are?

A: I know who a few of them are.

Q: Very big in oil, pharmaceuticals, banking, medical research. Owned Richard Nixon and Jimmy Carter...

A: No comment.

Q: Rockefeller interests, many different fronts.

A: No comment.

Q: You know scientists whose work has been stopped due to lack of funding?

A: There are smart people who want to forward Tesla's work on energy. They're inside the establishment. They can't get a dime.

Q: What is it they want to do?

A: Tap the energy of space or the energy in space.

Q: They think it's there.

A: Yes.

Q: This isn't just a guess that it's there?

A: It's not a guess.

Q: They want solve the energy problem.

A: That's right.

Q: To do what Tesla said he was going to do—provide enough energy for the whole planet. Cheap energy. Clean.

A: Yeah.

Q: They're not trumpeting this.

A: They're not fools. But they're blocked.

Q: They can't get money for research.

A: Not for that.

Q: If they could get money, do you think they'd succeed?

A: I'd bet on it.

Q: If they did succeed, it'd be the end of big oil.

A: It's be the end of a lot of things.

Q: How much money would these researchers need?

A: I don't know the numbers, but to really bring this kind of energy to the world, you're talking about start-up money in the range of a billion dollars. That's my estimate. After that, the program starts to pay for itself.

Q: What if the plans for these Tesla energy devices were just put out there on the internet? For free.

A: You mean so a person could build something for his own house?

Q: Sure.

A: Not enough people would build it.

Q: And for a big project, for a major city?

A: You need real money.

Q: There are billionaires on this planet.

A: They won't touch it.

Q: You know this?

A: I know a few efforts have been made. They've failed.

Q: What else can you tell me about the psychology of these controllers?

A: They appear rather bland. They don't inspire. They're in the mind-set of managers. And they have patience. They look at decades.

Q: I've told you about a few conversations I've had with geneticists.

A: Yes. I know one or two myself. And their assessment is in line with what you've been told. The plan is to gradually separate out two or three major classes of people on the planet.

Q: According to what parameters?

A: Those who are genetically enhanced for IQ, talent, appearance, endurance, and so on. And the "normals," who just stay the way they are.

Q: And never the twain shall meet?

A: That's the long-range idea.

Q: A separation.

A: A two-caste system.

Q: What about depopulation?

A: Achieved through induced infertility. Gradually. But the whole plan has drawbacks, because if you can really handle both enhancement and depopulation through the distribution of genes, there is the reality of drift.

Q: What is drift?

A: You have a field of genetically engineered soy. And then the farm next store, which is growing ordinary soy, shows up with the genetically altered crop, too. These genes drift. Once they're loose, it's impossible to rein them in.

Q: You wanted to talk about vaccines.

A: I realize you've done a lot of work in this area, so I won't bore you with a repetition of that. I took an interest in vaccines from the point of view of trying to track what the molecules do in the body, where they go exactly, what changes they produce. And then it occurred to me—and I spoke with a few colleagues about this—that the whole premise of vaccines is very strange.

Q: How so?

A: Well, a vaccine is supposed to bring on a rehearsal of a disease.

Q: It's like a mini-version?

A: Yes. Grossly speaking. You introduce a small intimation of a particular illness, and then the body responds. The immune system swings into action. It knocks out the mini-version. Therefore, if the real thing comes along later, the body is prepared. It "remembers" what to do.

Q: And?

A: Well, why did the body respond to the vaccine in the first place?

Q: You mean...

A: The body already knew what to do, right? Otherwise, nothing wold have happened when you vaccinated it. So why do you need a rehearsal at all? If the body already knows what to do, it's ready for the real thing, the real disease. Now, if the disease is something the body knows absolutely nothing about, if it's a disease from the other side of the world, then, at least in theory, you might gain an advantage of you could inject a vaccine first, a mini-sample, say a few years earlier. That's a theory. It has problems. But if you look at the vaccine schedule for children, most of those diseases have been around for a long time. They're not something from under the Arctic ice.

Q: I see what you're getting at.

A: I'll take this a step further. Suppose you did have a germ from the Arctic. Nobody in the world has ever had it. No one living now. Okay? Then you make a vaccine using that germ, a little bit of it, and you put it in the body of a kid in Baltimore. To get him ready, in case the real thing comes along years later.

Q: Oh, I get it. Antibodies.

A: Exactly. The vaccine with this virus from the North Pole is supposed to stimulate antibodies SPECIFIC to that virus. That's the immune effect. But how does this kid already have those specific antibodies, if the North Pole disease has never traveled anywhere. How is that possible? It doesn't make sense. The whole theory of vaccines is a fabrication.

Q: You know colleagues in the sciences who know this?
A: Of course. They keep their mouths shut and go along with the program. This is why these elite people feel confident their “science machine” is on track. People who know heretical information say nothing. The tide rolls on.

###END###

INTERVIEW WITH A FORMER NUTRITION-COMPANY EXECUTIVE

WINNING THE NUTRITION WARS

(Note: This man is talking off the record—way off the record. He has been inside the struggles and the apathy of the nutrition industry, and has some cogent things to say about who is on whose side...the implications of his remarks extend far beyond "the nutrition wars.")

BACKGROUND

Before we get to the interview…

JULY 20, 2011. I'm updating the last article I wrote on this subject, and giving you the prior articles below, because this is developing into a running commentary, and a mosaic about the silent war against nutrition and your freedom to manage your own health.

First of all, this war is ongoing. Right now. I'm not writing about theory.

So who are the major players? Let me identify them briefly.

The US federal government, represented by the FDA; Senator Dick Durbin with his new bill (S.1310) aimed at regulating the nutritional supplement industry more tightly and expensively and oppressively.

Large nutritional companies, who seem to be asleep at the wheel, allowing the FDA and Congress to ride roughshod over them.

Small nutrition companies, who would like to do something to ward off the federal government, but don't have the resources or personnel.

The people—you and I, who want to have full access to the whole range of nutritional supplements, who want the federal government to stay away from that area.

Now, the problem comes about because our allies, the large nutritional companies, are acting as if they're on vacation. They should be visible in this battle, but they aren't.

The FDA and certain members of Congress want to create so much red tape and cost for nutrition companies, the whole industry will shrink. Drastically.

I have been down this road before, in 1994. That was the last time a crisis swelled to a new level—and the nutrition industry and the public pushed back and won a *partial* victory.

I was told I was being too aggressive about the problem, and "insiders on our side" were doing the heavy lifting for us, so I should back off. Well, that heavy lifting was only partially successful in 1994, and that's why we're facing an even deeper problem now.

Similarly, now, I'm hearing that nutrition companies, the big ones, are feeling just fine about their lobbying efforts, they're working on the issue, and it will all come out well in the end.

Generalities.

It's an odd situation, because, as any sane person knows, when your allies are more or less telling you to stay on the sidelines, and yet you don't know what they're doing to win the war, you're in the dark, and you have a right to suspect that these allies and friends are falling short.

You need facts.

For example, one reader of mine has already contacted a nutrition company asking to know what they're doing to combat the FDA and Dick Durbin—and the answer was, "We're taking care of it. There is a coalition of companies. We're okay. You're succumbing to scare tactics."

That last remark is troubling because we and the nutritional companies are supposed to be on the same side. Are we?

That "succumbing to scare tactics" comment is something I'd expect from a government official.

Which is why I'm suggesting that, as consumers, you write/call a big nutritional company you buy from (don't hit up the small companies) and demand to know EXACTLY what they're doing to defend your interests. You're spending your money with them; they should open their doors and give you the low-down.

And if you can't get satisfactory answers, write AN OPEN LETTER to that same company and take it public. Email it out all over the place and get it posted somewhere.

IT SHOULD BE YOUR LETTER, NOT A FORM LETTER.

This is important, because everybody responds to form letters the same way. Into the garbage can.

And although citizen health groups can help (not sure what THEY'RE REALLY DOING, either), when you approach a nutritional company as an individual customer, it makes a different kind of impact.

"You say he's buys our products? And he's upset?"

"Yeah."

I'm perfectly willing to eat some crow here, if it turns out that these companies and their trade groups are really on the verge of forcing the FDA and Congress to get back in their caves and leave us alone. That would be fine with me. But you see, I don't know that. And neither do you.

I do know this. Another reader had contact with a nutrition company who assured her that "trade groups" were on the case with Congress. And, well, if that's actually happening and effective, it's invisible to me. I just don't see evidence of it.

So let's hear from those trade groups and lobbyists, too. Let's find out what's what. SPECIFICALLY.

Are you getting the message here?

Here is what I'd call a reasonable open letter to a nutritional company. For heaven's sake, don't copy it. It's just a guideline, for those who don't understand the game.

Dear X Company:

I love your products and I buy them. As a consumer and customer, I'm concerned about what the federal government is doing to attack your industry.

I'm talking about:

new FDA NIDA regulations;

the Food Safety Modernization Act of 2011;

the Durbin bill now in committee (S. 1310).

I wanted to know what, specifically, you are doing to win this battle for yourselves and for me—but when I contacted you yesterday, all I got was a bunch of generalities and assurances that you were "actively pursuing a solution."

I'm afraid that's not good enough. You and I are supposed to be allies.

So now I'm writing this OPEN LETTER and I'm sending it out to everyone I know—with the name of your company at the top. The internet makes that quite easy. I want people to know I can't obtain satisfaction from you and your company. I can't get details. All I get are generalities. Why?

I don't see the level of action in this battle that makes me feel confident. And I don't intend to remain passive.

Etc., etc.

See?

It's rather easy, if you say what you mean.

NEW STRATEGY IN THE NUTRITION WARS!

JULY 19, 2011. Well, well. We might just have something here!

A few days ago, I wrote a piece (reprinted below) detailing the current threat to nutritional supplements posed by:

FDA;

the Food Safety Modernization Act;

and the new Dick Durbin bill now in committee (S.1310).

I suggested strategies. One was: *contact nutritional companies you do business with as a customer, and demand action on their part.*

These companies are apparently convinced everything is all right and their trade organizations and lobbyists are doing a swell job representing them in Washington.

So one reader took me up on my suggestion. She called a supplement company and had an unpleasant conversation with a rep, who told her, guess what?

These matters are handled by nutritional trade organizations, and the Durbin bill is no threat, and she, the customer, is succumbing to scare tactics.

Really?

So my suggestion to her (and to you) is this: call your favorite nutritional company, and if you get such bland assurances, write an OPEN LETTER TO THAT NUTRITIONAL COMPANY and email it out far and wide and post it somewhere. In the letter, demand that the company explain exactly HOW AND WHY new FDA regulations, the Food Safety Law, and the Durbin bill are NO THREAT to them or us. Get it?

I have a feeling this would stir some action and finally open up the can of worms that has been festering under the surface.

As in: let's drag the debate out in the open. Let's put cards on the table. You bring your experts, I'll bring mine.

Because you see, as far as I can tell, the main problem here is that the immediate targets of the FDA, Durbin, and the new Food Safety law—WHICH ARE THE NUTRITIONAL COMPANIES—don't see this as a problem. Or don't want to.

And as long as those companies are resting secure in their illusory nook, our side in the war is going to be at a major disadvantage.

Now, if you follow my advice, email me with specifics and details. I want to know how it's working.

Here's my prior article on the subject:

GOVERNMENT KILLING NATURAL HEALTH

HEALTH FREEDOM ALERT

re: FDA NIDA Guidelines 2011

re: Food Safety Modernization Act 2011

re: S.1310 Dietary Supplement Labeling Bill 2011

JULY 13, 2011. I just finished interviewing brilliant constitutional lawyer, Jonathan Emord, on my radio show. Emord has taken the FDA to court and beaten them eight times. No other attorney in America comes close.

So when Jonathan talks, I listen.

And I can tell you that the government is coming after your nutritional supplements. Again.

The new approach to killing natural health is through the bogus issue of "safety."

There are three vectors in the attack—the recently passed Food Safety Law, new FDA regulations, and a bill now in committee sponsored by Dick Durbin.

They are all draconian. They use the issues of "good manufacturing practices" and "*potentially* unsafe ingredients." The intention is to drive nutritional companies into the ground via a bureaucratic nightmare that involves inspections, charged fees, red tape, denying the use of many nutrients, and prosecutions.

Nutritional supplements are the safest ingested products in the world. On the other hand, the pharma-system kills 106,000 Americans a year with its drugs. (See Starfield, JAMA, July 26, 2000, "Is US health really the best in the world?")

In the next three years, you will see nutritional products disappearing from the shelves of your health food store, and then you will see a sudden escalation of that process, as funding for these government attacks swells.

The nutritional industry has been asleep at the wheel, scared, blithely wishful, and deferential to government regulators. It has displayed egregious weakness, and the FDA, which is an owned and operated subsidiary of the pharmaceutical business, has moved in for the kill—to eliminate its boss's competition.

The trade groups that represent the nutritional industry are the most idiotic, fawning, and ineffective bunch of lobbyists Washington has ever seen. To them I say: if I'm wrong, prove it.

The only rescue and hope is a sustained and very aggressive grass roots campaign launched by millions of Americans, who want free access and free choice when it comes to their health.

There is at least one online petition circulating. I believe the best way to go is the old-fashioned way: letters and phone calls. Not emails. When they can delete anything delivered online with a click, they feel nothing. When they have to deal with phone calls and postal carriers delivering tons of letters, they are inconvenienced to the point where they know something is happening to them.

Flood them.

Make yourself known to your representatives, the FDA, and the White House.

In 1994, this worked. I was there. Slicker methods of communicating don't necessarily mean better ways of communicating.

The difference between what I saw in 1994 and what I see now is the difference between a tiger on the move and a tiger asleep in a zoo cage.

We also need at least one nutritional company with deep pockets to pour finances into this campaign, and to enlist celebrities who care about natural health to step up to the plate and speak out. On television. Celebrities who will be listened to. It isn't just a Twitter world.

Get the link to the Emord radio interview and this article out there.

In the last 15 years, since the explosive and partially successful Health Freedom movement, the public has been trained in Being Nice. This is operant conditioning. This is useless.

If you want continued access to all the elements of natural health, if you want the marketplace to reflect your needs and concerns, if you want freedom of choice, instead of a corporate statism, in which drug-based medicine will be the all-embracing, all-ruling monopoly it intends to become—step up.

To the degree that the White House has claimed it is an advocate for health, it is a complete and utter fraud. The president should make it clear these new FDA regulations and the Durbin bill will never see the light of day. And the DOJ should take steps to declare major sections of the Food Safety Law unconstitutional. Sorry, but one organic vegetable garden on the lawn of the White House is not enough.

But don't hold your breath waiting for the federal government to bail us out.

If you're a consumer of nutritional supplements, write to or call those companies you buy from and ask them directly what they plan to do about this attack. Demand answers. And don't settle for "our lobbyists and trade organizations handle this for us." That's like saying "we have no answer." Make it clear that as someone who spends dollars on their products, you expect action now—otherwise, you'll take your business elsewhere.

If you know, or have connections to, celebrities who are advocates of natural health or rely on nutritional supplements, make every effort to contact them and alert them that their help is needed. Athletes are included as celebrities—many of them rely on supplements for health and performance.

INTERVIEW

And now....with all this as background, here is the interview I did with a former executive at a "significantly large" US nutritional-supplement company. It tells the tale.

Q: Why are you no longer in the business?

A: I saw the handwriting on the wall. The government attacks on us were increasing, and no one was really stepping up to the plate on our side.

Q: That seems quite incredible to me. I mean--

A: I know. We have lobbyists and trade associations, to whom we pay good money. We're a growing billion-dollar industry. We should have influence. We believe in freedom and free choice. But the cards are falling the other way. I can tell you this. There are very large nutritional companies that WANT tighter government regulations. They want to see smaller companies strangled and put out of business. They see this as an opportunity to take over a larger share of the market.

Q: But don't these bigger players realize they, too, can be swallowed up?

A: Some do, some don't. The ones that do figure they can sell out to drug companies if the going gets too tough, and they'll make a lot of money on the sale, and they'll retire.

Q: And the hell with everybody else.

A: Pretty much.

Q: That's sobering, to say the least.

A: Yes, it is.

Q: Where does the FDA stand in all this?

A: By now, I'm sure the FDA recognizes the Achilles Heel in the nutritional industry—that the biggest companies are willing to weather the storm of attacks and absorb losses—hoping that their market share will then expand. It allows the FDA to strike hard. But that's the just the beginning of what the FDA is really about.

Q: FDA exists to protect their big client, the pharmaceutical industry.

A: Yes, but let me tell you a few things. In 1962, there was a thalidomide scandal. Big scandal! The drug caused thousands of birth defects. Perhaps twenty thousand. So hearings were held in Congress.

Q: And a new amendment to existing drug law was passed.

A: Yes, but look at the facts. Up until then, the FDA was only required to certify a new drug was safe for human use. The 1962 amendment added a factor. From that point on, FDA would certify every new drug as both safe and effective. That was the wrinkle.

Q: Which was puzzling, to say the least.

A: Which was completely insane. It was a non-sequitur. Do you get that? Thalidomide was a disaster because it was unsafe, and the FDA had made a terrible mistake in allowing it on the market.

So, in order to assure the public that the FDA was on the job now, the agency was also tasked with judging the *effectiveness* of new drugs.

Q: The whole issue with thalidomide was safety.

A: Exactly.

Q: It's like saying, a make of car crashes because the steering wheels aren't fixed tightly to the column—so now we're going investigate gas mileage.

A: Right. The new power that was given to the FDA in 1962 had nothing to do with thalidomide. It was a coup d'etat.

Q: What?

A: From that point on, the FDA could judge the effectiveness of anything that remotely resembled a drug.

Q: Oh.

A: Like a supplement. Because, of course, manufacturers want to make health claims for their products. And that's about effectiveness, and after 1962, FDA was in that business. It was a complete change of direction. Suddenly, FDA could invade the entire nutrition industry and start making noise about effectiveness—which should be NONE OF THEIR BUSINESS.

Q: If a supplement is safe, the choice about whether to take it is up to the individual.

A: Yes. And you see, as far as safety is concerned, FDA had no chance with supplements, which are incredibly safe. That wouldn't work. They would have to go after "effectiveness" and claim the whole industry was a "scientific fraud."

Q: So you're saying that, in 1962, there was a plan to give the FDA a new power so it could--

A: So it could rule the whole world of health improvement—and not just drugs. And ever since then, it has been nibbling and gnawing at the overall nutrition industry. It has been waging attacks and harassments. And if you know this history, you understand that FDA is never going to let up—and yet my former industry has never come to grips with that. It always waits until the latest attack happens, and then it responds reflexively.

Q: Are there plants within the nutrition industry?

A: You mean spies?

Q: Yeah.

A: Yes. I've seen a few. I know there are more.

Q: People deliberately injected into that scene, by Pharma, to screw up the works.

A: Yes. It's cutthroat. It's about control. It's about "medicalizing" the whole world by law and by force, if necessary. And nutrition poses the biggest threat to that agenda.

Q: But, strangely, now, with the new Food Safety Modernization Act, the new FDA NIDA regulations, and this perverse Durbin bill (S. 1310) in committee, safety is back on the table as an issue for supplements.

A: FDA and its allies in the drug business have figured out how to use the safety issue. Yes. And they're doing it. Costly inspections to "assure good manufacturing practices." A blizzard of regulations. The concept that FDA can halt the use of a nutrient if it is POTENTIALLY unsafe—which could mean anything.

Q: Again, supplements are the safest ingestible substances in the world.

A: That doesn't stop the FDA. They're concerned with only one thing. How can they satisfy the concerns and demands of the pharmaceutical industry. That's their client. That's who they work for.

Q: Let's get back to this issue of spies and so on. What about payoffs?

A: It's happened. That's all I can say. People within the overall nutrition industry have received money in some form for performing certain "jobs," from...

Q: Money from people fronting for Big Pharma?

A: Yes.

Q: Is this generally known?

A: No.

Q: Do you think--

A: I can also say that, the old "just say no" to drugs campaign—certain parts of it—were funded by Pharma.

Q: That's like saying, "Don't take their drugs, take our drugs."

A: That was the intent.

Q: Would you say that, for some time, people who own some very big nutritional companies have been positioning themselves to sell out to drug companies?

A: It's true. It's already happened, and it will keep happening.

Q: And then?

A: The end-game on that is, you'll have huge drug companies formulating lines of supplements and selling them, and it'll be a very drab kind of product, not nearly as effective as products that are on the market now—and the FDA will never blink at it, never inspect it, never attack it, never go near it. Because those drug companies are who the FDA works for. And Pharma will dominate the entire nutrition industry. Own it.

Q: With the FDA paving the way for that monopoly.

A: Yes.

###END###

ROBERT FORRESTAL INTERVIEWED

This interview took place in 2010 and marked the beginning of a relationship with an insider in the game called psychiatry. Forrestal (pseudonym) has been in practice as a psychiatrist for 20 years. Details on his current activities are confidential, but suffice it to say, he has been close enough to the process of LABELING HUMAN BEHAVIOR AS MENTAL DISORDERS to know how that exercise is performed.

Forrestal knows a great deal more than that. He understands the long-range goals of psychiatry as population control.

Partly as a result of my conversations with him, I wrote and published a 2011 article rudely and crudely titled, "BIGGEST BULLSHITTER IN AMERICA?" It needed that title, because the crimes exposed in it are titanic. They involve drugging populations with highly toxic medications. The effects on the brain are, in fact, on the order of war crimes.

So I will reprint this article first, to give you some background, before my interview with Dr. Forrestal.

I want to make it clear that Forrestal is NOT any psychiatrist I have previously interviewed or mentioned in my articles or books.

Here is some background:

BIGGEST BULLSHITTER IN AMERICA?

WHO IS DR. ALLEN FRANCES?

[continued on the next page]

BIGGEST BULLSHITTER IN AMERICA?

WHO IS DR. ALLEN FRANCES?

JUNE 30, 2011. Hey, the man may be a saint. Who knows? He might be so far beyond my ability to comprehend him I can't hope to grasp the meaning of his work. He might deserve a Nobel Prize and the thanks of a grateful nation and a statue in the Smithsonian. But…

Is it possible this doctor is the biggest bullshitter in America? I'm just asking, because I've been thinking about running a contest. Also because I've been reading the interesting statements he made to Gary Greenberg, author of a Wired article: "Inside the Battle to Define Mental Illness." (Dec.27, 2010).

How that article failed to make it out into the mainstream and grab big headlines is beyond me. Well, not really, given its incendiary implications. Editors and reporters at major media outlets have an uncommon nose for avoiding the sort of trouble Greenberg's piece would have created, were it to be unleashed on the population—and although they like to call themselves journalists, that's a myth even they don't really believe anymore. They're mutts on short leashes.

Dr. Allen Frances is the man who, in 1994, headed up the project to write the latest edition of the psychiatric bible, the DSM-IV. This tome defines and labels and describes every official mental disorder in the known universe. The DSM-IV eventually listed 297 of them.

In an April 19, 1994, New York Times piece, "Scientist At Work," Daniel Goleman called Frances "Perhaps the most powerful psychiatrist in America at the moment…"

Well, sure. If you're sculpting the entire canon of diagnosable mental disorders for your colleagues, for insurers, for the government, for pharma (who will sell the drugs matched up to the 297 DSM-IV diagnoses), you're right up there in the pantheon.

But 12 years later, long after the DSM-IV had been put into print, Frances talked to Wired's Greenberg and said the following:

"There is no definition of a mental disorder. It's bullshit. I mean, you just can't define it."

That's on the order of the designer of the Hindenburg, looking at the burned rubble on the ground, remarking, "Well, I knew there would be a problem."

That's much more serious than the president telling the American people, "We sent our combat planes to Libya, but I meant to say Liberia."

After a suitable pause, Dr. Frances remarked to Greenberg, "These concepts [of distinct mental disorders] are virtually impossible to define precisely with bright lines at the borders."

Obliquely, Frances might have been referring to the fact that his baby, the DSM-IV, had rearranged earlier definitions of ADHD and bipolar to permit many more diagnoses, leading to a

vast acceleration of drug-dosing with highly powerful and toxic compounds.

Finally, at the end of the Wired interview, Frances went off on a quite intriguing foray, praising what amounts to a mass-population placebo effect which would justify the existence of the entire psychiatric profession.

"Diagnosis [as spelled out in the DSM-IV] is part of the magic…you know those medieval maps? In the places where they didn't know what was going on, they wrote 'Dragons live here'…we have a dragon's world here. But you wouldn't want to be without the map."

Here is the import of Dr. Frances' words: People need to hope for the healing of their troubles; so even if we're shooting blanks and pretending to know one kind of mental disorder from another, even if we're inventing these mental-disorder definitions based on no biological or chemical diagnostic tests—since the tests don't exist and we're just juggling lists of behaviors—it's a good thing, because people will then believe there is hope for them; they'll believe it because we place a *name* on their problems…

If I were an editor at one of the big national newspapers, and one my reporters walked in and told me, "The most powerful psychiatrist in America just said the DSM is bullshit but it's still important," I think I'd make room on the front page.

If the reporter then added, "This shrink was in charge of *creating* the DSM-IV," I'd clear more room above the fold.

If the reporter went on to explain that the whole profession of psychiatry would collapse overnight without the DSM, I'd call for a special section of the paper to be printed.

I'd tell the reporter to get ready to pound on this story day after day for months. I'd tell him to track down all the implications of Dr. Frances' statements.

I'd open a bottle of champagne the toast the soon-to-be-soaring sales of my newspaper.

And then, of course, the next day I'd be fired.

Because there are powerful multi-billion-dollar interests at stake, and who in his right mind would challenge them?

And as I walked out of my job, I'd see a bevy of blank-eyed pharmaceutical executives marching into the office of the paper's publisher, ready to read the riot act to him.

But oh well; would I have a candidate for biggest bullshitter in America? Just asking.

And as I chewed my cud and wandered the avenues of the big city, I'd look at all the people and something would seep in: the difference between the delusion called reality, which all these people accept, and the actual state of affairs: the giant con game, the giant shell game that allows the drugs to be sold, the drugs that—each and every one—deliver what the shrinks politely call

"adverse effects."

Look them up sometime, if you have a strong stomach.

Here is a sampling:

Adverse effects of Valproate (given for a bipolar diagnosis) include:

acute, life-threatening, and even fatal liver toxicity;
life-threatening inflammation of the pancreas;
brain damage.

Adverse effects of Lithium (also given for a bipolar diagnosis) include:

intercranial pressure leading to blindness;
peripheral circulatory collapse;
stupor and coma.

Adverse effects of Risperdal (given for "bipolar" and "irritability stemming from autism") include:

serious impairment of cognitive function;
fainting;
restless muscles in neck or face, tremors (may be indicative of motor brain damage).

In 1986, The International Journal of the Addictions published a most important literature review by Richard Scarnati. It was called "An Outline of Hazardous Side Effects of Ritalin (Methylphenidate)" [v.21(7), pp. 837-841].

Scarnati listed a large number of adverse affects of Ritalin and cited published journal articles which reported each of these symptoms.

For every one of the following (selected and quoted verbatim) Ritalin effects, there is at least one confirming source in the medical literature:

Paranoid delusions
Paranoid psychosis
Hypomanic and manic symptoms, amphetamine-like psychosis
Activation of psychotic symptoms
Toxic psychosis
Visual hallucinations
Auditory hallucinations
Can surpass LSD in producing bizarre experiences
Effects pathological thought processes
Extreme withdrawal
Terrified affect

Started screaming
Aggressiveness
Insomnia
Since Ritalin is considered an amphetamine-type drug, expect amphetamine-like effects
Psychic dependence
High-abuse potential DEA Schedule II Drug
Decreased REM sleep
When used with antidepressants one may see dangerous reactions including hypertension, seizures and hypothermia
Convulsions
Brain damage may be seen with amphetamine abuse.

A recent survey revealed that a high percentage of children diagnosed with bipolar had first received a diagnosis of ADHD. This is informative, because Ritalin and other speed-type drugs are given to kids who are slapped with the ADHD label. Speed, sooner or later, produces a crash. This is easy to call "clinical depression." Then comes Prozac, Paxil, Zoloft. *These* drugs can produce temporary highs, followed by more crashes. The psychiatrist notices this up and down pattern—and then comes the diagnosis of bipolar (manic-depression) and new drugs, including Valproate and Lithium.

In the US alone, there are at least 300,000 cases of motor brain damage incurred by people who have been prescribed so-called anti-psychotic drugs (aka "major tranquilizers"). Risperdal is one of the major tranquilizers. (source: Toxic Psychiatry, Dr. Peter Breggin)

This psychiatric drug plague is accelerating across the land.

Where are the mainstream reporters and editors and newspapers and TV anchors who should be breaking this story and mercilessly hammering on it week after week? They are in harness.

Okay. Here is the interview with Dr. Robert Forrestal.

Q: Why did you contact me?

A: It's been a long time coming. I've seen my profession destroyed by pharmaceutical companies. It's all about drugs now. Give the patients drugs. It's an assembly line. The other day, I heard about a child three years old who was put on an antidepressant. Forget the fact that it would be impossible to diagnose depression in a person that young, or that the definition of clinical depression is cooked up by a committee inside the DSM group. The drug this child was given caused her damage. She became unmanageable a couple of hours after she was given her first dose. She was bouncing off the walls, throwing tantrums. I'm not sure if she suffered brain damage. But it was bad. Very bad.

Q: What's the agenda here, beyond making billions on the sale of drugs and propping up the whole profession of psychiatry?

A: It's...damage.

Q: Clarify that.

A: Okay, I'll jump right into the deep end of the pool. This is a continuation of the Nazi agenda. IG Farben. Experiments on people. Medical experiments. It's, long range, an attempt to reshape the human brain, to make it into something different, and in the process, the people at the very top, the ones who control this whole nightmare, are determined to find a way to create what I call a new level of normal.

Q: What is "a new level of normal."

A: It's a person who has a more shallow range and spectrum of emotion.

Q: That would be a very--

A: Do you fathom what that means? I feel reluctant to get into all this, but I've made the decision to do it.

Q: Go ahead. I'm listening.

A: What's emotion? What is it? Aside from something you feel, from a feeling, it's a SIGNAL. It tells a person what's going on around him. It's how he responds to life.

Q: It's feedback.

A: Exactly! Like a sensor you put out there in the environment. It's like a question you ask. How do I like this? How do I like what's happening? Is this good? Is it okay? Is this situation I'm facing all right? Is it doing me any good? And so on. And the answer you get is a feeling, which tells you what you want to know. Now that's not the total sum of human experience and thought, by any means, but it's one calculator. It's one register. This is important stuff I'm telling you about. I hope you get it.

Q: I do.

A: What you feel shapes your response. Now suppose you could do something to change people's experience of their feelings. Suppose you could chop off a layer of emotion and energy and create instead something less rounded, less whole.

Q: Flatter.

A: Yes, flatter feelings. This is bad stuff.

Q: You're--

A: This is bad, because you're making people's feelings, that sensor they react to life with...less meaningful TO THEM.

Q: So they respond in a more torpid way. A more sluggish way.

A: Yes, but also in a more SIMPLIFIED WAY. Things get simpler, more boiled down. And how is somebody supposed to notice that change in himself? Will he? You see, the drugs do that. A lot of the drugs do. Ritalin, Prozac, Zoloft, Paxil, and of course the heavier drugs, the anti-psychotic drugs. Will a person notice that? Will he able to say, "I don't like this. I'm feeling more simple. I'm not experiencing life as fully as I was." How many people will know that or care?

Q: You can even out the human response.

A: Right. You can limit the range of emotions, and you can make every emotion a person does experience more shallow. It's not rocket science. It's easy to produce a drug that does that. Every psychiatric drug does that to a certain extent.

Q: You're talking about creating the human race, future generations, in a new way. Just with the drugs.

A: And this line of current drugs is crude. What happens twenty years from now when they are more subtle?

Q: This is the direction things are going.

A: Yes. It is. It's like this. A person is walking in the woods at night with a flashlight. But you've put different batteries in there. They're weaker. So he can't see as much. And what he does see isn't as clear. That flashlight is what he uses to find his way.

Q: To navigate.

A: Just like feelings. A person uses them to navigate, too. So if his emotions are a little flatter, a little more shallow, he isn't going to respond to life as he once did. And when that happens, he's going to think less. He's going to need less language, because his response to life is narrower and shallower. This has repercussions all the way along the line. But how many people will notice that or care? How many people will just accept what's happening to them?

Q: When did you realize all this?

A: A few years ago, it started to come into focus for me. I went through a very rough period. But so what? The real suffering is done by patients who take the drugs. I asked myself, who would want to forward an agenda like this? And the answer was clear. The same people who want to rule populations under a vast system of control. Because everything becomes easier for them. Propaganda becomes easier, education becomes more stupid. I think that's enough for now.

###END###

ROBERT FORRESTAL/SECOND INTERVIEW

In this 2010 interview, Dr. Robert Forrestal goes further with his analysis of the effects of psychiatry. He supplied several documents to make his case.

Q: Why did you end our first interview abruptly?

A: Because I'm not happy with myself. I should be a card-carrying member of the establishment. And I'm not. (laughs)

Q: Ready to pick up again?

A: Yeah.

Q: How far do you think this agenda of "brain control" and emotion control you spoke of is going to go?

A: Well, it'll go as far as people allow it to. The researchers won't stop. Understand? They'll find ways to short-circuit certain connections in the brain, they'll find new chemicals, they'll use electromagnetic strategies. They'll do it all. For them, the brain is just another organ. That's why I got in touch with you, by the way. Because I read a few articles where you spoke about the indifference to the brain, on the part of professionals in the field. You're right. They feel as if they can manipulate anything without regret. I'm talking about the cold-blooded types.

Q: You mentioned this was a continuation of the old Nazi agenda.

A: Create a new race. In this case, diminish the freedom of many people. But make it look like a cure for something.

Q: And who runs this agenda now?

A: I assume it's some very pathological people at the top of the pharmaceutical industry. Or the types who finance them.

Q: Have any clues?

A: I don't think so. Let's table that for now.

Q: Tell me about Ewan Cameron. You said you wanted to bring him up.

A: First, you have to understand he was perhaps "the top psychiatrist in the world." Born in 1921, died in 1967. During the 1950s, he was president of the Canadian, American, and World Psychiatric Associations. All three. Also president of the American Psychopathological Association and the Society of Biological Psychiatry. You can't get much higher on the ladder than that. All those presidencies.

Q: So to say he was influential on the practice and goal of psychiatry--

A: Would be a vast understatement. He was a baron, a prince, and maybe a king. In 1943, he came to teach at McGill University in Montreal, and things really fell into place for him. He received a Rockefeller grant and the donation of a mansion called Ravenscrag [!], where he started and ran the Allan Memorial Institute for the next twenty years. This was his center for research.

Q: Would you say the Rockefeller grant was significant in terms of the direction of his research?

A: Oh yes. Because everything Cameron taught was based on his idea that "mental problems" were caused by malfunctions of the brain...and that was that. No more playing around. He wanted to change the patterns of the brain. And he was very overt in talking about this. Sometimes he called it "changing the character" of a person. This would have appealed to Rockefeller interests.

Q: Why do you say that?

A: Well, I could talk about that for a long time. But let me just show you what is called Occasional Letter No. 1, which was issued by the Rockefeller General Education Board concerned with changing the face of education in America. [Here is the 1906 Rockefeller letter, as quoted by John Taylor Gatto in his book, The Underground History of American Education.]

"In our dreams...people yield themselves with perfect docility to our molding hands. The present educational conventions [intellectual and character education] fade from our minds, and unhampered by tradition we work our own good will upon a grateful and responsive folk. We shall not try to make these people or any of their children into philosophers or men of learning or men of science. We have not to raise up from among them authors, educators, poets or men of letters. We shall not search for embryo great artists, painters, musicians, nor lawyers, doctors, preachers, politicians, statesmen, of whom we have ample supply. The task we set before ourselves is very simple...we will organize children...and teach them to do in a perfect way the things their fathers and mothers are doing in an imperfect way."

Q: And how does that relate to the work that Ewan Cameron was doing?

A: He was the fulfillment of that dream of control and the ideal of extreme obedience, because he was working to accomplish the same general goal through his psychiatric machinations. His grant from the Rockefeller Foundation was very understandable.

Q: So what was Cameron's psychiatric work?

A: He experimented on his patients. He was eventually operating on another grant funneled to him, through a cutout, by the CIA. It was all about mind control. Cameron took these patients and put them through hell.

Q: In order to achieve what?

A: A forced change in their personality. Not just a little bit. He wanted a total reconstruction of personality.

Q: Through what methods?

A: Here are quotes from the Hamline Journal of Public Law and Policy, Fall, 1990. A paper called "Anatomy of a Public Interest Case Against the CIA." The CIA, years after Cameron's death, had to pay out a judgment based on their grant to Cameron. This is Cameron, describing in his own words, what his method was all about. It was a sequence of steps:

"The breaking down [of] ongoing patterns of patient's behavior by particularly intensive electroshocks (depatterning)."

"Intensive repetition (16 hours a day) for 6-7 days of pre-arranged verbal signal."

"During this repetition the patient is kept in partial sensory isolation."

"Repression of the driving period is carried out by putting the patient, after the conclusion of the period, into continuous sleep for 7-10 days."

Q: Okay. As grisly as this is, I want to go over Cameron's method step by step with you. To make the meaning clear.

A: Yeah. Let's do that. The first step means electricity pumped into the patient's brain and body and nervous system. It's pain, suffering, and torture. It's called therapy, but it isn't. And Cameron specified higher doses of electricity than the "normal" level of torture. Much higher.

Q: And this was supposed to...

A: Break down and shred the patient's personality and behavior. Make him into a lump of clay so he could be rebuilt by Cameron.

Q: Then step two.

A: The "intensive repetition or "driving," was 16 hours a day, for 6-7 days, of listening to tapes made by Cameron. Over and over. Instructions on how to BE, the new person that Cameron was trying to create. And then, to make the patient forget this 6-7 days ever happened, he would be put into sleep, with drugs, for 7-10 days. Continuous knockout sleep.

Q: Hideous.

A: You bet. This was what the most famous and powerful psychiatrist in the world was doing.

Q: And he thought it was a very positive thing.

A: Absolutely. That's the point.

Q: He considered it to be---

A: The height of beneficial transformation. Which tells you his underlying assumption.

Q: "People are just machines or robots."

A: That's the view. People are nothing more than products of their genes and upbringing. So why not change all that. That was the way Cameron approached it. This was a man who hated the Nazis, by the way. He hated Germany. And this was his answer to the horrors of World War Two. Another version of Nazism. If psychiatry assumes, at ground level, that the individual is not free, that freedom is an old superstitious myth, then anything can be done. Anything can follow.

Q: When I asked you earlier about who might be at the top of the agenda to diminish freedom, you declined to get into that for the moment. Perhaps the rest of our conversation, after that, brought up a name. A "family interest," shall we say. A group. The Rockefeller group.

A: I know. Yes. That's where I've been looking. And that group is there, in some form, at the top.

###END###